

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 6147294	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
5		2				55						
6		2				56						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	6					TOTAL IND.						
TOTAL DEP.	8	↙	↙	↙		TOTAL DEP.		↙	↙	↙		
TOTAL CLAIMS	14					TOTAL CLAIMS						